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Anne Miller is a Perinatal Mental Health–Certified (PMH-C) therapist with more than 20 years of experience as a licensed social worker and over five years devoted exclusively to perinatal and women's mental health. She specializes in supporting individuals experiencing postpartum mood and anxiety disorders, birth trauma, reproductive loss, and the many emotional transitions that accompany parenthood. Anne's therapeutic work integrates EMDR, CBT, ACT, and trauma-informed care, offering clients a compassionate, evidence-based space to heal and grow.

Anne's clinical practice is deeply informed by her own lived experience as a mother of three who has personally navigated postpartum anxiety. This perspective allows her to offer an uncommon level of empathy, validation, and understanding to the clients she serves. She recognizes how overwhelming and isolating the postpartum period can be and is committed to helping women feel seen, supported, and empowered through every step of their healing.

As the founder and clinical director of Ampersand Therapy Collective, Anne leads a group practice dedicated to perinatal mental health and women's well-being across the lifespan. Whether clients are coping with perinatal depression or anxiety, processing a traumatic birth, adjusting to new parenthood, or moving through grief or identity transitions, Anne brings warmth, clinical expertise, and a steady, grounding presence to her work. She is committed to helping women reconnect with themselves, restore their sense of balance, and feel more prepared, understood, and empowered.

Allison Puryear (she/her): Welcome back to Not Boring CEs! I'm here today with Ann Miller. We're going to be talking about perinatal and postpartum mental health conditions.

Allison Puryear (she/her): This is something that I know... it's, like, near and dear to my heart as a postpartum depression survivor, and someone who has had, like, no training at all in my career on it, so I knew when I was going through it.

Allison Puryear (she/her): I couldn't just find a generalist and trust that they knew what they were talking about, because I didn't know what I was talking about. So, I'm super grateful for folks like Anne, who specialize. So, thanks for being here first, Anne, I appreciate it.

Anne Miller (she/her): Thanks so much for having me. I'm excited to be here.

Allison Puryear (she/her): Yay! So let's... let's go super, like, bare bones. Can we talk about, like...

Allison Puryear (she/her): what are perinatal and postpartum mental health conditions? Like, lay it out for us like we're 5.

Anne Miller (she/her): Sure,

Anne Miller (she/her): Well, perinatal refers to the onset of conditions in the time period from conception to about a year, 18 months after birth.

Anne Miller (she/her): And it takes into consideration fluctuations in hormones, from pregnancy, post-birth, lactation, weaning, and the restart of menstruation. So, it's referring to a time period in a woman's life,

Anne Miller (she/her): Also, I would mention that we consider loss, or,

Anne Miller (she/her): I would... I would also mention that we... we would consider loss within this time... time period, so...

Allison Puryear (she/her): Got it.

Anne Miller (she/her): It's not just birth, it's also women who lose a birth or a little one in this time period.

Allison Puryear (she/her): Yeah, and it's interesting to me that it goes to a year postpartum. It makes sense to me having given birth, but it goes to a year postpartum. But I think it's... often women who have 11-month-olds wouldn't consider themselves, like.

Allison Puryear (she/her): in the same category as they might have 3 weeks out, right? Like...

Anne Miller (she/her): Hormonally, we're still a mess, but... You know, we say a year is, I think, the official diagnosis, but those of us who practice in the postpartum, perinatal space, we get really liberal with this definition. We are talking about

Anne Miller (she/her): the postpartum perinatal definition, a year, two years out, and if someone wants to start defining the postpartum experience multiple years out, we're not going to stop them, because it continues. So, but strictly speaking, yes, a year, 18 months.

Anne Miller (she/her): It's an experience.

Allison Puryear (she/her): Yeah, it is an experience.

Anne Miller (she/her): Yeah, today's.

Allison Puryear (she/her): For sure. Yeah. How... how common is, like, a perinatal mood disorder, or... like, how often does that happen?

Anne Miller (she/her): Yeah, so, the mood disorder part refers to, the mood, right? So we call it PMADs, and so I think

Anne Miller (she/her): commonly, people would, refer to postpartum depression, right? And so, when I had my first kiddo 20 years ago, we... I only ever heard the word postpartum depression. Now, we would use the word PMADS, postpartum mood and anxiety disorders, okay?

Anne Miller (she/her): So, postpartum or perinatal refers to that time period. Mood refers to, depression, bipolar, psychosis. Anxiety would be, generalized anxiety disorder, panic disorder, OCD, PTSD, and then disorder is what we know as therapists and those of us working in the mental health field.

Anne Miller (she/her): Anything that is, getting in the way of daily living, right? Our activities of daily living and making life hard, okay? So that's the full definition of PMADS.

Anne Miller (she/her): postpartum or perinatal mood and anxiety disorders. And when we think about that definition, we're talking about 1 in 7 women and 1 in 10 men. So it's really common, a lot more common than we... than we think.

Allison Puryear (she/her): Yeah, and can we pause for a minute and talk about men? Because I feel like I've had a student who specialized in, like.

Allison Puryear (she/her): postpartum men. And initially, I was like, what, huh? Like, sure, I can help you with that, but it was a niche I hadn't heard of before, and it wasn't one I'd ever considered.

Anne Miller (she/her): Yeah, yeah, it's... it's an important one, because, it's correlated, the... the depression of men. And, you know, when I should stop here and say that when we were talking about postpartum men, I use that term inclusively to refer to our non-birthing partners, so...

Anne Miller (she/her): Certainly, it's not just men, but also, you know, women who are the non-birthing partner in a...

Anne Miller (she/her): in a relationship.

Anne Miller (she/her): And men, we know that they also experience hormonal shifts. They have decreased testosterone, increased cortisol and estradiol, vasopressin, prolactin and oxytocin. We also know that men are traditionally less likely to seek mental health support.

Anne Miller (she/her): And so, it's important that they know that they can get support as well.

Allison Puryear (she/her): Yeah, absolutely. Anecdotally, or if you happen to know the research, do you see an increased risk of

Allison Puryear (she/her): like, postpartum depression in men, for instance, if their partner also has it? Like, is there increased risk? Okay.

Anne Miller (she/her): There is. Yes, we do know that those two things are correlated.

Anne Miller (she/her): And the other way around as well.

Allison Puryear (she/her): Yeah.

Anne Miller (she/her): And it makes sense, right? Everybody's exhausted, everybody's hormones are all over the place, and then you're not able to, like, support one another in the way you might have before because of that, and because you've got this brand new...

Allison Puryear (she/her): Beautiful little responsibility that has, like, upended your life.

Allison Puryear (she/her): That's interesting, yeah.

Anne Miller (she/her): Yeah, and it correlates for negative outcomes for mom, for dad, and for the little one. So, the importance of getting help is... is imperative for... for everyone involved. Mom, dad, or the, you know, non-birthing partner, and for that little one.

Allison Puryear (she/her): Yeah. So... We're learning it's a lot more common than we think. It's not just whoever gave birth.

Anne Miller (she/her): Nope.

Allison Puryear (she/her): I like that, because I know when I gave birth.

Allison Puryear (she/her): When did I get birth? Am I still postpartum with this brain? This is perimen.

Anne Miller (she/her): I'm positive.

Allison Puryear (she/her): Right, brain, it's different. When I gave birth, I guess, almost 13 years ago,

Allison Puryear (she/her): it's interesting how I had only heard of postpartum depression as well, and since then have talked to a number of therapists and friends who have experienced or who treat postpartum anxiety.

Allison Puryear (she/her): And had a really good friend who had postpartum psychosis, which is a really terrifying experience.

Anne Miller (she/her): Yes, it is. Yes, it is. Yeah. Yeah, you know, when I had my first,

Anne Miller (she/her): I didn't, get caught in the screens, because the screeners asked questions about postpartum depression, and I was not depressed, I was anxious.

Anne Miller (she/her): And, you know, I very much specialize in postpartum anxiety.

Allison Puryear (she/her): Which I think is very common, and something that a lot of women can.

Anne Miller (she/her): can, identify with.

Anne Miller (she/her): but... intrusive thoughts are something that I'd love to talk about, yeah.

Anne Miller (she/her): Certainly, we know that postpartum and perinatal mood and anxiety disorders are a broad spectrum of things that are important for therapists and mental health practitioners to know about, because they identify in so many different ways.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): Well, I'm thinking, too, about the... the differences in parenting, like, different parenting expectations over the generations. Like, as I was a child of the 80s, right? And it was kind of like, here's the television, there's the outside.

Allison Puryear (she/her): Go for it! Whereas...

Allison Puryear (she/her): like, my generation of parents, you know, no television until they were two, and you're always on the floor playing with them constantly, and there's just so much information coming at you all the time about parenting.

Allison Puryear (she/her): And how... That can, for those of us who are anxiously wired, that can really...

Allison Puryear (she/her): Lead us to feel like we're doing it wrong, and have a lot of, like, mom guilt, and those kinds of things that make...

Allison Puryear (she/her): Maybe predispose us a little bit more than previous generations to that anxiety.

Allison Puryear (she/her): But also, hopefully, like, our generation has...

Allison Puryear (she/her): partners that are maybe more involved than some of the other generations before us, which might help alleviate... I don't know.

Anne Miller (she/her): Hmm...

Allison Puryear (she/her): What do you see anecdotally with your folks?

Anne Miller (she/her): Anecdotally, I am so fascinated and excited to see what this next generation of

Anne Miller (she/her): kiddos is like, because millennials are doing the work, and I cannot tell you how many parents are in therapy right now trying to break generational cycles, and

Anne Miller (she/her): trying to be better parents than their parents before them. And so they are coming in, trying to fix the postpartum anxiety, trying to, address things that are coming up for them, because

Anne Miller (she/her): as new parents, they're realizing that they want to do things differently. And so, they are, I think, millennials and Gen Z and the young parents that I'm seeing in therapy are coming in saying, they recognize that

Anne Miller (she/her): they're... Experiencing parenting and... Being new parents.

Anne Miller (she/her): Differently, and it's hard and stressful, and they want to do it right, and so they are going to address all the things that they haven't addressed yet, and they want to make sure that they're setting their children up to be,

Anne Miller (she/her): Good humans and capable of...

Anne Miller (she/her): Taking on the world in a way that is,

Anne Miller (she/her): They're gonna have skills with their social... they're gonna have social skills and emotional... social-emotional skills.

Allison Puryear (she/her): Which is so cool. It's interesting, there's just so much, like, push-pull with each.

Anne Miller (she/her): Like, I feel.

Allison Puryear (she/her): I feel like it's so important that the kids of today learn those social skills, because social media and their phones take them away. Right.

Anne Miller (she/her): Yeah.

Allison Puryear (she/her): There's... it's such an interesting dynamic, whereas, like, we just run around with the neighborhood kids all day, and somebody would hurt our feelings, and it just was managed differently.

Allison Puryear (she/her): And I don't know, you know, I don't know what's better or worse, to be honest. Like, I think that there's some grit that got built, and when we're talking about, like, generational patterns, generational traumas, like, obviously those things need addressing.

Anne Miller (she/her): Yeah. Yeah. Yeah.

Anne Miller (she/her): Damn.

Allison Puryear (she/her): So let's talk about, like, can we address... you mentioned intrusive thoughts, I think about, like, these, this vs. that.

Allison Puryear (she/her): that we consider when we're diagnosing or, like, assessing our clients. Some things are really common, right? Like, baby blues. How do we differentiate baby blues from an actual disorder?

Anne Miller (she/her): Yeah, so baby blues are, super common. 60-80% of new parents will experience... new moms will experience baby blues. And they show up between 2 days and 2 weeks post-birth.

Anne Miller (she/her): So... They will make you feel tired, they will, make you weepy, and...

Anne Miller (she/her): have a rush of emotions, okay? Kind of that immediate experience post-birth.

Anne Miller (she/her): A lot of women feel bad.

Anne Miller (she/her): We will be concerned when, two to three weeks after birth, women are still experiencing something.

Anne Miller (she/her): Got it. So, two to three weeks, if your client is still coming in and they're expressing that they're having big emotions, that's when you want to start thinking about a perinatal mood or anxiety disorder, okay?

Anne Miller (she/her): And what I would say is, with this population, psychoeducation is key, okay?

Anne Miller (she/her): the first thing to consider is intrusive thoughts. There is some really exciting research happening with the Perinatal Anxiety Research Lab out of the University of British Columbia. We've always known that a lot of moms experience

Anne Miller (she/her): intrusive thoughts. Well, their latest research is showing us that 100% of new moms experience intrusive, unwanted thoughts.

Anne Miller (she/her): Of harm coming to their baby, and about half of

Anne Miller (she/her): New moms are experiencing unwanted, intrusive thoughts of purposeful harm.

Anne Miller (she/her): coming to the baby. That's stressful. And, but as stressful as that is, it's also normalizing, okay? So when we can share that with moms, that really helps.

Anne Miller (she/her): typically when I work with moms, the first thing I do is provide that psychoeducation around,

Anne Miller (she/her): just how that brain... how our brain works, okay? And I'm supporting moms with understanding that intrusive thoughts are happening because of the stress response and the stress cycle.

Anne Miller (she/her): When they can understand that this is, evolution and hormones helping us respond in a way that keeps our babies safe, and this is normal, typically it provides that reassurance that new moms need, okay?

Anne Miller (she/her): Unfortunately, postpartum intrusive thoughts takes new moms by surprise and stresses them out.

Anne Miller (she/her): So they jumped to a lot of conclusions.

Anne Miller (she/her): I don't know why, but algorithms seem to target new moms and immediately feed them with all the scary stories. They get their first thought and think they're headed down to, like, the darkest, scariest...

Anne Miller (she/her): experience possible.

Allison Puryear (she/her): Yeah.

Anne Miller (she/her): There's a really fabulous book called A Mom Like That by Aisha Elvey that, for any therapist considering working in the postpartum perinatal space, I would highly recommend they pick that book up. It's a first-hand account

Anne Miller (she/her): From a woman who experienced postpartum psychosis, and she makes a really lovely point that you can't get... you aren't more likely to get postpartum psychosis by being aware or educated about it.

Anne Miller (she/her): I really loved that point. I loved her... her making us aware of that.

Anne Miller (she/her): I think we... we understand that postpartum psychosis only affects 1 in 1,000 women, and of those 1 in 1,000, only 10% will go on to commit suicide or infanticide. Okay, so it's really rare.

Anne Miller (she/her): Yeah, but I think because it's so rare, we tend to downplay it and say, you don't have to worry about that. Forget about it.

Anne Miller (she/her): Okay? Instead, educating and helping women understand what it looks like and the differences between intrusive thoughts and OCD and postpartum psychosis can be really comforting and helpful to women to understand

Anne Miller (she/her): that this is what... what you may want to understand. Postpartum depression, postpartum anxiety, intrusive thoughts.

Anne Miller (she/her): As a... as a therapist, these are the things you may want to be looking at.

Anne Miller (she/her): So that you can walk your clients through this experience.

Allison Puryear (she/her): Yeah, and I know for postpartum depression.

Allison Puryear (she/her): one of the biggest risk factors is a prev... this is from my eating disorder work, right? Like, a previous history of an eating disorder.

Anne Miller (she/her): Yeah.

Allison Puryear (she/her): up for very high risk, or higher risk, I should say, of postpartum depression. Is that for PMADs across the board?

Anne Miller (she/her): Yeah, certainly pre-existing conditions. If you've had a history, that is definitely a pre-existing condition that is definitely setting you up for a higher risk in the postpartum experience, yes.

Allison Puryear (she/her): So, for all of you, my fellow eating disorder therapists out there.

Allison Puryear (she/her): This is something that, when my clients were getting pregnant, this is something I was always on the lookout for.

Allison Puryear (she/her): And would do some education around, because, like you said, it's not gonna make you have it, right, if you get educated about it. And I would always have, because I don't know enough, and it's still true, like, it was still too sensitive for me, also, to work with people, to consider working with people with...

Allison Puryear (she/her): like, PMADs. It was still too tender inside. So I was always ready with a referral, because we have some really great practitioners here in town.

Allison Puryear (she/her): And...

Allison Puryear (she/her): So, if you work with folks with eating disorders, or a history of depression, or some of these risk factors, and they get pregnant, I want you to be aware and having some conversations, even before they have the baby, because... and to have some referrals ready, or somebody you're willing to consult with.

Allison Puryear (she/her): Like, weekly or bi-weekly, if you decide you're gonna support this.

Allison Puryear (she/her): Person after they give birth, if they struggle.

Anne Miller (she/her): Yeah, so I really love when I get a chance to work with someone, in the pre...

Anne Miller (she/her): birth stage, and what I would say to therapists is,

Anne Miller (she/her): thinking about working with someone, if you... if you choose to keep a client, if you have really great rapport with a client, and you decide to keep them on as a postpartum client, because we know that the relationship is king in therapy, right?

Anne Miller (she/her): the number, you know, a primary indicator of success, and so...

Anne Miller (she/her): That's great. Something to really consider is to treat the pregnancy or the Step.

Anne Miller (she/her): the pregnancy experience as, like, a resourcing phase, okay? And really encourage them to gather their people. And so,

Anne Miller (she/her): An integrated model of support would include healthcare workers, pharmacists, mental health services, social supports.

Anne Miller (she/her): Caseworkers, home visitors, doulas, Let's see... childbirth educators...

Anne Miller (she/her): putting together a birth plan, not just a birth plan, but a support plan,

Anne Miller (she/her): Which might include chiropractors, lactation consultants, pelvic floor therapists.

Anne Miller (she/her): Really, any kind of resources that is... that are gonna set that... that client up for success.

Anne Miller (she/her): Through the pregnancy experience, through the birthing experience.

Anne Miller (she/her): After they give birth, if you know, if you have a relationship with this client, and you know that they've struggled with their mental health.

Anne Miller (she/her): That is an indicator.

Allison Puryear (she/her): That may be more likely to experience a postpartum mood or anxiety disorder, so...

Anne Miller (she/her): Do the work and help them gather those supports for their experience afterwards.

Allison Puryear (she/her): Yeah, yeah.

Allison Puryear (she/her): Can we talk about some of the factors that impact that postpartum period.

Allison Puryear (she/her): And our functioning, and our mood, and... and all of that.

Anne Miller (she/her): Yeah, so I would say a lack of support is... is a huge one.

Allison Puryear (she/her): Hmm.

Anne Miller (she/her): Typically, when someone is coming in.

Anne Miller (she/her): During that experience, if they've missed that opportunity to build those resources, and they're just walking in

Anne Miller (she/her): For the first time. They've never seen a therapist, they've never...

Anne Miller (she/her): Maybe they missed the opportunity to get post,

Anne Miller (she/her): Pregnancy support or, prenatal care, you know, and now, for the first time, they're seeking mental health support.

Anne Miller (she/her): You're really in a triage position at that point.

Anne Miller (she/her): Family history of... mental health, personal history of mental health.

Anne Miller (she/her): Lack of, of resources.

Anne Miller (she/her): Really doing a, a good,

Anne Miller (she/her): Taking time to do a good social history.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): I know for me, like, one of the biggest factors is I had a lot of problems with breastfeeding.

Allison Puryear (she/her): And I know that that can be correlated, like, breastfeeding problems can be correlated with PMADs. I had,

Allison Puryear (she/her): A very... it was... it was...

Allison Puryear (she/her): not logical, you know? There's a lot of feelings, but it was like, I... it was as if something, like, formula didn't exist.

Allison Puryear (she/her): And...

Allison Puryear (she/her): to the point where it's like, I don't even know if anybody mentioned formula, and I was not against formula. Like, going into this, I was like, we'll just get some formula if we need to. But something about my postpartum depression got all wrapped up in...

Allison Puryear (she/her): I can't feed my baby. Yeah. And I had given birth

Allison Puryear (she/her): Actually, like, 45 minutes before one of our closest friends.

Allison Puryear (she/her): And she had this oversupply of milk, and I had this undersupply, and so she, like, the dads would, like, do this little, we called it the Pony Express, and they'd bring her extra milk to us, which was just, like, so beautiful and wonderful, but it also, like...

Allison Puryear (she/her): Maybe that kind of support reinforced that...

Allison Puryear (she/her): there were no other options that formula... like, honestly, it was like, formula did not exist, not that I was against it, so it's interesting that, like, my brain just deleted this other option.

Anne Miller (she/her): Yeah, oh, Allison, I'm so sorry. There is a relationship between breastfeeding and postpartum depression.

Anne Miller (she/her): I really almost hate saying that, because, you know, Fed is best.

Anne Miller (she/her): There are all kinds of... of... I don't know.

Anne Miller (she/her): implications around breastfeeding, like you're pointing out. There are cultural considerations around breastfeeding, there are so many different,

Anne Miller (she/her): different considerations around breastfeeding, and really asking a lot of questions, and, talking to your clients, and

Anne Miller (she/her): really understanding what... what are they thinking around breastfeeding, because people bring in so many different,

Anne Miller (she/her): assumptions and expectations, and women put a lot of weight on their shoulders when it comes to breastfeeding. And so, like you are pointing out, I think your story is a really, good one to mention on the show, and it's really typical, honestly. Women put...

Anne Miller (she/her): put a lot of pressure on themselves.

Anne Miller (she/her): And, and you're right, there is a correlation. There's something called dysphoric milk ejection reflex, where, the hormone rush that you get when you breastfeed will,

Anne Miller (she/her): you know, will cause women to feel, like, this rush of emotion, and that adds to the experience, right? Because every time they breastfeed, they're... they're, like, experiencing this...

Anne Miller (she/her): This rush, or this letdown of emotions, and that gets stressful.

Anne Miller (she/her): Depressions, breastfeeding suppresses lactation. Depression can suppress lactation hormones, prolactin and oxytocin.

Allison Puryear (she/her): Do you have that, John?

Anne Miller (she/her): But yeah, there's... we have all sorts of evidence-based risk factors. There's psycho, psychological.

Anne Miller (she/her): Risk factors, history of family, depression.

Anne Miller (she/her): anxiety, OCD, eating disorders, which you mentioned earlier, bipolar, PMADs, child sex... childhood sexual abuse, or trauma. There's biological, risk factors like, endocrine dysfunction, diabetes, thyroid imbalances.

Anne Miller (she/her): Fertility challenges, if people struggle to get pregnant in the first place?

Allison Puryear (she/her): Oh, can we dive into that a little bit more? Because I know... That's...

Allison Puryear (she/her): The case for so many of my friends who've.

Anne Miller (she/her): Huh?

Allison Puryear (she/her): you know, most of my friends, I think we all waited kind of later than is, advised. And so many of us struggled with

Allison Puryear (she/her): Fertility issues, and... Can you talk some about how... Fertility struggles can lead to...

Allison Puryear (she/her): Or not necessarily lead to, but are correlated with... PMADs.

Anne Miller (she/her): Well, sure, because it... it adds to, big emotions around the

Anne Miller (she/her): You know, when you have a baby then, all the expectations of how you're supposed to feel.

Anne Miller (she/her): And if your feelings don't match what you think

Anne Miller (she/her): you're supposed to feel, or how everybody else thinks you're supposed to feel. There's a lot of cognitive dissonance that comes with that.

Anne Miller (she/her): So, so you have... and childhood is hard, and feelings are never mutually exclusive.

Anne Miller (she/her): And so...

Anne Miller (she/her): So, women struggle with the idea that they have worked so hard for so long, to finally have this baby that,

Anne Miller (she/her): is maybe not...

Anne Miller (she/her): exactly what they thought it was going to look like, and they're struggling in ways that they did not expect to struggle, or, you know, insert lots of complicated emotions here.

Allison Puryear (she/her): Absolutely.

Anne Miller (she/her): they feel guilty. They feel guilty for that, they feel guilty because they've made all these lovely friends in the various different groups.

Anne Miller (she/her): That they were in on the... the infertility journey, and they've left them behind. They had, like, it just... it is... there are so many layers.

Anne Miller (she/her): Feeling there, that... That could be its own session, its own.

Anne Miller (she/her): You know, training right there. Yeah.

Anne Miller (she/her): So... I can't do it justice in a few short sentences, but yes, lots of corporation there.

Allison Puryear (she/her): I think, too, like, you'd mentioned support and how important that is earlier, and how, like, I think about a really good friend of mine who, when I got pregnant with my first, was just like, I'm really sorry, I just can't be around you. Like, I'm so jealous.

Anne Miller (she/her): Yes.

Allison Puryear (she/her): And...

Allison Puryear (she/her): So, like, she had kind of had to, for self-preservation, cut out her friends who were starting to get pregnant, and then when she did get pregnant eventually, she felt like she was cut out of the infertility groups. So, like, now she doesn't have these strong relationships.

Anne Miller (she/her): Yes.

Allison Puryear (she/her): She had had previously at a time that was incredibly hard.

Anne Miller (she/her): Yes.

Allison Puryear (she/her): Yeah.

Anne Miller (she/her): Yes, and, you know, part of being a postpartum perinatal therapist is that, because I definitely work with women who are in that, infertility...

Anne Miller (she/her): I hate the word journey. They're in that experience, where they are going through that process, and

Anne Miller (she/her): might get pregnant and then have a loss. They have multiple losses, and... and riding those various different waves of excitement and loss and... and...

Anne Miller (she/her): Losing the friends, and gaining friends, and... and being on the various different sides of going to baby showers, or...

Anne Miller (she/her): You're invited to things, and there are so many complicated...

Anne Miller (she/her): emotions in that realm, and it is very much part of this postpartum perinatal world.

Anne Miller (she/her): really can't separate it. And... and that's important. It's an important area to be...

Anne Miller (she/her): Informed and thoughtful, and... Conscious of.

Allison Puryear (she/her): Yeah. I think about loss, too.

Allison Puryear (she/her): You'd mentioned, and how even if, let's say, somebody got pregnant on the first try, and then they have a loss, or a series of losses, that rollercoaster that you mentioned, emotionally is so tough.

Allison Puryear (she/her): And...

Anne Miller (she/her): So, also speaking from experience, because I had multiple losses in between my children.

Allison Puryear (she/her): And being able to trust that final pregnancy with my now 9-year-old.

Allison Puryear (she/her): It was really, really, really tough for me.

Anne Miller (she/her): Yeah.

Allison Puryear (she/her): I had postpartum depression with the first one, and then all these losses, and I was really pretty sure, like.

Allison Puryear (she/her): it wasn't safe to feel the excitement that I wanted to feel, and I'm also not good at, like, tamping down excitement, right? So I'm all in on everything I do, and then I get really disappointed or heartbroken if it doesn't work out the way I want, so...

Allison Puryear (she/her): Having gone through that with multiple pregnancies, and then... And then...

Allison Puryear (she/her): being on edge the entire... like, it wasn't like, oh, you're through the first trimester, you can...

Allison Puryear (she/her): trust now. I never... I didn't trust until she was in my arms.

Anne Miller (she/her): Yes, 100%. I would also like to point out that postpartum mood and anxiety disorders can also happen to women who experience loss.

Allison Puryear (she/her): Yes.

Anne Miller (she/her): And that... That sucks.

Anne Miller (she/her): Because now you have women who are being told they have postpartum anxiety or postpartum depression, and they don't even have the baby that is supposed to go with it. Right. And that is a special kind of hell, right?

Anne Miller (she/her): You are walking through experiences with women who, you know.

Anne Miller (she/her): That... that's a... that's a space to be in with... with clients, so...

Allison Puryear (she/her): Yeah, absolutely. And people not understanding that grief.

Anne Miller (she/her): Yes.

Allison Puryear (she/her): I mean, miscarriages and pregnancy loss, so common. Like, shockingly common.

Allison Puryear (she/her): And... a lot of people don't realize they're pregnant when they have a loss, you know, like an early miscarriage or things like that, so...

Allison Puryear (she/her): Maybe the number of people who are aware of it is smaller than the number of people who experience it, but,

Allison Puryear (she/her): it felt like, for me, the only people who really got it were the people who'd been through it, and everybody else was kind of like, well, I mean, it's not like...

Allison Puryear (she/her): it wasn't a... it wasn't alive, maybe. You know, that kind of thing. And not knowing how to respond, not knowing how to, like... like, does my grief count? Is this...

Allison Puryear (she/her): Like, should I just move on and get over it and try again? When you've, like, put so much of your life and your hope and your dreams into

Allison Puryear (she/her): this little little baby that never came to me.

Anne Miller (she/her): Right, right, and I think that's the piece, right? It's the hope and the dreams and the time and energy that you've just put into, and you lose that.

Allison Puryear (she/her): Right?

Anne Miller (she/her): And you mourn that, and there's grief there, so...

Anne Miller (she/her): Yes.

Anne Miller (she/her): Yes.

Allison Puryear (she/her): What about, like, adoption? Because I know...

Anne Miller (she/her): Yes.

Allison Puryear (she/her): That's a factor, too.

Anne Miller (she/her): That is a factor, too, and

Anne Miller (she/her): you are correct. Adoptive families can also experience, that postpartum mood and anxiety disorder.

Anne Miller (she/her): so, so don't think that just because a family did... didn't give birth.

Allison Puryear (she/her): that they are exempt from all of these challenges. You know, back to the...

Anne Miller (she/her): Risk factors, you know, we, we mentioned that some of the evidence-based risk factors,

Anne Miller (she/her): There's... there's psychosocial theories, including

Anne Miller (she/her): feelings towards parenthood, one's relationship with their own parents, I would say institutional structural racism, vulnerability, the adoption or the structure of families.

Anne Miller (she/her): All of these things are...

Anne Miller (she/her): Things to be considered.

Anne Miller (she/her): And this is where clinical judgment comes in, right? We understand that But as therapists.

Anne Miller (she/her): People's understanding, their perception of how their world is shaped will impact their mental health.

Anne Miller (she/her): And so... so risk factors,

Anne Miller (she/her): You know, really taking a good biological and social history of your clients when they come in is important.

Anne Miller (she/her): So...

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): And it seems like that would also include non-traditional families, like...

Allison Puryear (she/her): I think about, like, my good friend who had, postpartum psychosis. She and her partner were both women.

Allison Puryear (she/her): And this was, you know, so long ago, so it was just a harder time, in some ways. It was before marriage was legal, it was, even in the States.

Allison Puryear (she/her): And,

Allison Puryear (she/her): So there was maybe more judgment, and it was more... we lived in a very liberal city, but it was still, where they were from.

Allison Puryear (she/her): didn't understand it, they'd go back to visit or, talk to people back home, and it was just a totally different perception of

Allison Puryear (she/her): Like, are you sure you should be doing this?

Anne Miller (she/her): Yes. Yeah, I think really understanding, Access to care.

Anne Miller (she/her): Culturally appropriate care, where people are... what's around, and what people have for supports.

Allison Puryear (she/her): Back to that resourcing idea.

Anne Miller (she/her): And thinking about, like, what population or populations are people a part of, and how does that impact their ability to get support? Where does this baby exist in the NICU for any amount of time?

Anne Miller (she/her): Hmm.

Allison Puryear (she/her): Let's talk about the NICU for a little while.

Anne Miller (she/her): That's also such a huge factor. It is.

Allison Puryear (she/her): Yeah.

Anne Miller (she/her): Yeah, yeah, teen parents, parents with disabilities themselves,

Anne Miller (she/her): You know, you had mentioned, Your friend,

Anne Miller (she/her): Yeah, being in the NICU is a whole other experience, because your family is kind of required to stop while this baby is being cared for in the hospital, and it affects a parent's ability to work.

Anne Miller (she/her): you know... And...

Anne Miller (she/her): Exist on a day-to-day level, yet they are... they are sitting there, their life is on hold.

Allison Puryear (she/her): Sure.

Anne Miller (she/her): what's gonna happen with this... this baby? Yeah.

Anne Miller (she/her): So, that's a whole nother... another experience.

Allison Puryear (she/her): And even if the prognosis is great, and they're pretty sure they're gonna be able to bring this baby home in however many weeks, there's still...

Allison Puryear (she/her): That... that life-on-hold feeling, and... I know, like.

Allison Puryear (she/her): I'm guessing that there is some overlap between traumatic birth and NICU babies. Is there a higher rate?

Anne Miller (she/her): With one another.

Anne Miller (she/her): Yeah, and you know, birth trauma, we haven't talked about that at all, but we should absolutely mention birth trauma today.

Anne Miller (she/her): you know, that's... that's definitely something within the realm of... of PMADS, being aware of how birth trauma impacts women.

Anne Miller (she/her): birth trauma, it's easy to think about that with a NICU baby, a baby that has...

Anne Miller (she/her): needs extra support post-birth, or a traumatic birth where mom is harmed, or

Anne Miller (she/her): Things don't go well during birth. Birth trauma can also impact the partner. If they watch bad things happen, you know, mom doesn't do well, and maybe a loss passes.

Anne Miller (she/her): So, so don't forget about the partner when you're considering birth trauma. But another thing to consider when it comes to birth trauma is,

Anne Miller (she/her): women who have a hard time describing birth trauma because it's... it's less obvious. And this can sometimes be women who felt like they weren't listened to.

Anne Miller (she/her): Or that their autonomy was taken from them.

Anne Miller (she/her): And a lot of times, this is when... when baby's healthy, okay? So, they... they had an experience where, the medical professionals just took over, took control, they were,

Anne Miller (she/her): You know, their bodies felt violated.

Anne Miller (she/her): yet, they ended up with a healthy baby, so what's the problem?

Allison Puryear (she/her): Alright, lucky you have a healthy baby, shut up.

Anne Miller (she/her): And now they feel so violated, they don't feel like they can ever have another baby.

Anne Miller (she/her): But how do they even articulate that? Because even...

Anne Miller (she/her): their partner, or their mother, or their best friend looks at them and says, what's wrong? You have a healthy baby. Okay, so they don't even know how to say that out loud, much less...

Anne Miller (she/her): You know, and here they are dealing with, like, this inner trauma.

Anne Miller (she/her): So, those are the kinds of things to, like, watch for as a therapist and, you know, ask a lot of questions around.

Allison Puryear (she/her): Yeah, and to validate, because you might be the only person.

Allison Puryear (she/her): Or one of few people really validating their experience, because there is so much trust, and like, these are...

Allison Puryear (she/her): like, these are the experts. These people...

Allison Puryear (she/her): Help people with birth every single day.

Anne Miller (she/her): Right. And...

Allison Puryear (she/her): And sometimes, what they do absolutely needed to happen, but it's still not the birth that you wanted, and the birth that you had, like, invested all your time and energy in expecting.

Anne Miller (she/her): Right, absolutely.

Allison Puryear (she/her): Yeah.

Anne Miller (she/her): Absolutely.

Allison Puryear (she/her): Yeah, so...

Allison Puryear (she/her): I think about, like, okay, we've got the NICU folks, we've got the, birth trauma folks. You'd mentioned parents with disabilities. Can you talk some about the impact there?

Anne Miller (she/her): Yeah, I mean, when you think about any kind of special population, just think about how we... we start, like, scoping down with any kind of specialty service, right? You know, even within postpartum perinatal

Anne Miller (she/her): work.

Anne Miller (she/her): I consider myself a specialist in the world of PMADs, okay? Well, within this experience, I'm working with women who, also are,

Anne Miller (she/her): deconstructing their faith, also belong to the LGBTQ community, also are women of color, also, our executives, also are, disabled in some way, shape, or form. Maybe all of those things.

Anne Miller (she/her): Right? And so, the further we start funneling down on different... populations on different scopes.

Anne Miller (she/her): specialties become less and less and less, and so when you are talking about someone who's disabled.

Anne Miller (she/her): In any certain sort of way.

Anne Miller (she/her): and also may need support in the postpartum perinatal space, specialized services just become less and less and less, right?

Anne Miller (she/her): And so, it's really important for those of us who are specializing to make sure we are considering

Anne Miller (she/her): All the various different populations. How can our services,

Anne Miller (she/her): Be accessible to people who... who might need specialized care, right?

Anne Miller (she/her): And, you know, what does that mean? How... how are our parents with disabilities accessing care? You know, one of the things that's... that's really interesting to me is I run a completely virtual practice, and,

Anne Miller (she/her): in the postpartum perinatal space, that's... A huge bonus, because.

Allison Puryear (she/her): Yeah.

Anne Miller (she/her): Moms don't want to drive.

Allison Puryear (she/her): Yeah, and trying to get out the house with a baby, like, it's just so much work, it's so hard.

Anne Miller (she/her): Right, but also, if you're someone with a disability, that's also really nice to not have to go anywhere.

Allison Puryear (she/her): Wow.

Anne Miller (she/her): And...

Anne Miller (she/her): But in a lot of spaces, for a lot of therapists, it's seen as a huge negative, because...

Anne Miller (she/her): Having a brick-and-mortar practice is important.

Anne Miller (she/her): But it's... it's massively, friendly to the disability community.

Allison Puryear (she/her): Hmm.

Anne Miller (she/her): You know, so... I guess I just would continue to advocate for,

Anne Miller (she/her): Always making sure that whatever you're doing with your practice is... is...

Anne Miller (she/her): Always considering what... what specialties, what different populations may need for support.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): So let's talk some about best practices for, like, assessment and treatment planning when you're working with

Allison Puryear (she/her): clients with PMADs.

Allison Puryear (she/her): Can we start with screening?

Anne Miller (she/her): Yeah, so... so when we screen,

Anne Miller (she/her): A really common screener that we use in the postpartum space is the Edinburgh Postnatal Depression Scale, and that's a pretty scale you can get online. It's available to anybody.

Anne Miller (she/her): And that's really commonly used, in... by doctors' offices, by therapists. I would say it's a, kind of gold standard scale. The PHQ9 or the GAD7 would be others that I would recommend, as... as common scales.

Anne Miller (she/her): Screeners are just tools, you know, use them often.

Anne Miller (she/her): Especially in the postpartum, you know, first...

Anne Miller (she/her): first session every few weeks in that immediate postpartum experience. And then, you know, monthly...

Anne Miller (she/her): as you're moving out, just to watch progress. They're not a substitute for clinical judgment.

Anne Miller (she/her): We know that women of color are less likely to be screened.

Allison Puryear (she/her): I think people...

Anne Miller (she/her): expect that doctors are screening. That's kind of the assumption, that doctors are screening for postpartum

Anne Miller (she/her): Depression, but we also know that doctors don't consider themselves

Anne Miller (she/her): to be the experts, or to be the most natural place to screen for postpartum depression. So there's a disconnect there.

Allison Puryear (she/her): Yeah, I know I had screeners at both my, like, my appointment with my midwives, and then again at the pediatrician.

Allison Puryear (she/her): So they... they got me. Yeah, it was wonderful. It did its job. But it's... it's interesting, because I just made the assumption, like, oh yeah, this is what all the doctors are doing. But that doesn't mean they're actually scoring it or looking at it. It doesn't mean that they're,

Allison Puryear (she/her): Feeling confident in referring.

Anne Miller (she/her): Yeah, that's right. That's right. And... And then taking a step.

Anne Miller (she/her): Past that, screeners are not the same as care.

Allison Puryear (she/her): Right? Right, right.

Anne Miller (she/her): So, to your point, Are they referring?

Anne Miller (she/her): You know, for instance, OCD is misdiagnosed around 70% of the time.

Anne Miller (she/her): And so, once you're screened, are you being referred for care? Are people being referred for care? Is there enough care in the area? That's another...

Anne Miller (she/her): full conversation.

Anne Miller (she/her): So...

Anne Miller (she/her): I think a major challenge of PMADS is how motherhood is presented in popular culture right now. You know, motherhood

Anne Miller (she/her): it's so easy to brush things off as, like, normal, and I put normal in air quotes,

Anne Miller (she/her): Because the, like, the hot mom, the hot mess mom is... is... Just seen as, kind of.

Anne Miller (she/her): Funny, and the thing, and motherhood is supposed to be hard.

Anne Miller (she/her): And... and that's what we're told. We are all told that, that motherhood is supposed to be hard, and so...

Anne Miller (she/her): It's hard to walk into your pediatrician's office, and when they say, are you doing okay, and you are checking if your baby is breathing.

Anne Miller (she/her): You know, every 5 minutes, all night long.

Anne Miller (she/her): And you're exhausted because you're not sleeping.

Anne Miller (she/her): So many women think that's normal.

Anne Miller (she/her): And you're anxious because you don't want to leave the house, just in case baby wakes up for a nap, so you haven't left the house in, you know, 3 weeks.

Anne Miller (she/her): Well, that feels normal to you.

Allison Puryear (she/her): Right.

Anne Miller (she/her): You know, there are all these situations that feel normal to new moms, because motherhood is supposed to be hard.

Anne Miller (she/her): And... having... Mental health practitioners that can help women articulate that, sure, you don't get as much sleep.

Anne Miller (she/her): And sure, baby interrupts your life and you have to take quicker showers.

Anne Miller (she/her): But you should still be able to...

Anne Miller (she/her): Perform most activities of daily living.

Anne Miller (she/her): That's important.

Anne Miller (she/her): Okay, and really having a good grasp on how intrusive thoughts, when they are,

Anne Miller (she/her): getting in the way, and you are performing checks over an hour a day, well, that's... that's when intrusive thoughts are...

Anne Miller (she/her): are becoming... are pushing into the area of OCD.

Anne Miller (she/her): And... and when these things are preventing you from... from performing activities of daily living, that's when we're talking about

Anne Miller (she/her): Something that's... that's diagnosable.

Allison Puryear (she/her): I'm curious your thoughts, you know, new technology comes out all the time for babies, right, and new parents.

Allison Puryear (she/her): The technology that, like, you know, you put it, underneath your baby, and it'll alert you if it's... if the breathing is irregular in any way, or...

Allison Puryear (she/her): I mean, even video monitors weren't a thing when I had my first...

Anne Miller (she/her): It'll be my second.

Allison Puryear (she/her): But, like, how... what's your opinion on, this extra monitoring? Is it more helpful for people? Is it more harmful?

Anne Miller (she/her): It depends, and I know that's a horrible answer to give, but it really depends, and the answer is it depends because

Anne Miller (she/her): If moms can use it to support them, and not give in to...

Anne Miller (she/her): the OCD piece of it, right?

Anne Miller (she/her): And if they're only using it to feed the intrusive thoughts, then no, that's not helping.

Anne Miller (she/her): Okay, but if they truly use it in a way that provides them relief and support, great, use it. Awesome, I wish I would have had it.

Anne Miller (she/her): But...

Allison Puryear (she/her): How does a clinician discern the difference?

Anne Miller (she/her): So... so here's what I... and I talk to my moms about this, okay? An intrusive thought is a thought that is stressful, but when we think about an intrusive thought, and I... I do some psychoeducation and talk about the upper... upstairs brain and the downstairs brain.

Anne Miller (she/her): And... and I pull out some acceptance commitment therapy and, like, do the leaves on the stream, visualization of them. An intrusive thought is a thought that you should be able to notice a name and recognize as an intrusive thought, and once you name it, you should be able to watch it float on by.

Anne Miller (she/her): Okay?

Anne Miller (she/her): if... It is stressing you out, and watching it float by...

Anne Miller (she/her): Really causes you distress, and you cannot let it go.

Anne Miller (she/her): Okay,

Anne Miller (she/her): And... and the letting it go, like, my baby, might have stopped breathing. I gotta go check to make sure he's breathing, okay? And that...

Anne Miller (she/her): obsession and compulsion of chucking on and breathing, okay, is taking an hour a day, and you are doing that over an hour a day. That's when we're stepping into OCD territory. Okay?

Anne Miller (she/her): And so that's something I'm asking my clients to start naming, and we're talking about that.

Allison Puryear (she/her): Yeah.

Anne Miller (she/her): Okay, and then... And then, when... Thoughts, intrusive thoughts, start getting... really violent.

Anne Miller (she/her): and scary. Then I start asking a lot of questions.

Anne Miller (she/her): And that's when we start exploring the psychosis.

Anne Miller (she/her): Okay? And that one's hard, and it... and I would say if... if you're... if you feel like you're venturing into that, again, I would, you know.

Anne Miller (she/her): send you to that book, A Mom On Like That, by Aisha Elvey, because you're looking for delusions and hallucinations at that point.

Anne Miller (she/her): Which can be hard to discern.

Anne Miller (she/her): Between just scary, intrusive thoughts.

Anne Miller (she/her): But I'm asking a lot of clarifying questions and just really listening.

Anne Miller (she/her): To what my client is telling me.

Allison Puryear (she/her): Yeah, yeah.

Allison Puryear (she/her): You mentioned actin there. What... Modalities are considered best practices.

Anne Miller (she/her): Yeah, so for intrusive thoughts.

Anne Miller (she/her): for... for postpartum depression, for postpartum anxiety, you know, sky's the limit. It's... it's therapist choice. You know, cognitive behavioral therapy, acceptance commitment therapy, EMDR is really great, or brain spotting,

Anne Miller (she/her): accelerated resolution therapy, there's all sorts of options for, those... the... those...

Anne Miller (she/her): PMADs, okay? When we get into OCD, that perinatal anxiety research lab out of the University of British Columbia is,

Anne Miller (she/her): saying that they like CBT for OCD. I have always been...

Anne Miller (she/her): schooled in the thought that, ERP

Anne Miller (she/her): was the gold standard for OCD. There's also something called ICBT, inference-Based Cognitive Behavioral Therapy, to just say,

Anne Miller (she/her): kind of a slightly different take on CBT, Okay, quite different. For OCD, okay?

Anne Miller (she/her): you know, and when we start jumping into the psychosis space, you really... that client needs to be hospitalized and medicated at that point.

Allison Puryear (she/her): Yeah. What's the role of medication with the other PMADs outside of psychosis?

Anne Miller (she/her): You know, I would highly encourage an OCD client to consider medication, Postpartum depression, postpartum anxiety.

Anne Miller (she/her): I... I really take that as a... on a case-by-case basis. That's a... that's something that you... you're building rapport with a client and talking to them about. The way I approach that is medication is a tool, and I want to make sure our client feels like they have autonomy in

Anne Miller (she/her): the therapeutic space, and so, I want them to know that that tool is available to them, and sure can help, but I also don't want them...

Anne Miller (she/her): I'm... I'm an... I'm an MSW, I'm a clinical social worker, so I don't want to feel like they're... I'm pushing them towards medication. Right. Again, as a therapist's choice, I know other therapists might look at that differently, so...

Allison Puryear (she/her): Yeah. Okay.

Allison Puryear (she/her): And so...

Allison Puryear (she/her): You had mentioned, like, in terms of strategies, maybe some, maybe not prevention, but, like, that pre-birth planning.

Anne Miller (she/her): Yeah, you talked about...

Allison Puryear (she/her): What are the things that you cover in there, so that when folks are going, you know.

Allison Puryear (she/her): Going off to have this baby.

Anne Miller (she/her): They have these resources in their toolkit.

Anne Miller (she/her): Yeah, so... so, my gold standard, I love it when I get a chance to work with moms in the prenatal period. That is the best case scenario. So, if you have a client,

Anne Miller (she/her): that you're working with, and they get pregnant, and they want to keep working with you, amazing, do that, and help them start resourcing in that prenatal period. Gather their people, gather all the resources possible. Chiropractors do less lactation consultants, pelvic floor therapists.

Anne Miller (she/her): pediatricians, the rule of thumb that I encourage moms to consider is, if you don't listen to somebody's advice.

Allison Puryear (she/her): now, before you had a baby, do not listen to their advice after you have a baby. Love that.

Anne Miller (she/her): Yeah, right, right, and, like, think about that, because...

Allison Puryear (she/her): Hmm?

Anne Miller (she/her): In the postpartum experience, they will be tempted to listen to their, like, you know, Ridiculous Aunt Debbie.

Allison Puryear (she/her): Can you?

Anne Miller (she/her): Listening to her now, we're not gonna do that, right?

Allison Puryear (she/her): Right.

Anne Miller (she/her): And so, really talking them

through all the things that they can do to set themselves up for success.

Anne Miller (she/her): Is that meal planning and putting meals in the freezer and getting themselves ready to go?

Anne Miller (she/her): Is that thinking about what their boundaries are going to look like? Is that talking to their partner about what their boundaries are going to look like?

Anne Miller (she/her): But they're on the same page.

Anne Miller (she/her): Right.

Allison Puryear (she/her): Yeah.

Anne Miller (she/her): And chances are, if you're working with a client beforehand, you probably already know the themes of the things that client is working on.

Anne Miller (she/her): And you can extend those themes into Planning for postpartum.

Allison Puryear (she/her): Absolutely. Yeah. I know I had, like, before I gave birth to my second, having gone through a postpartum depression with my first, I went to, like, one of my students here who was a PMAD therapist, and I was like, I need the names of some therapists I don't know who do this.

Anne Miller (she/her): I need...

Allison Puryear (she/her): like, a list of lactation consultants.

Anne Miller (she/her): and...

Allison Puryear (she/her): What was it that had really helped?

Allison Puryear (she/her): Back in Seattle, because I'd moved between my kids.

Allison Puryear (she/her): But I saw a therapist back with my first child, after my first child was born, and then...

Allison Puryear (she/her): Craniosacral therapy also helped.

Anne Miller (she/her): Yay!

Allison Puryear (she/her): some of the, like, jaw stuff in my daughter, and at one point, the craniosacral therapist was like, I'm more concerned about you than your daughter. Do you want to get on this table? And I was like, okay.

Allison Puryear (she/her): And so, I, like, I had my list of, like, here are my resources if things go sideways. I bought a bunch of formula so that it would be in the cupboard.

Anne Miller (she/her): Yeah.

Allison Puryear (she/her): And, didn't end up having...

Anne Miller (she/her): any of the PMADs, which was great, but I had formula to back me up, which I needed.

Allison Puryear (she/her): Used it with abandon, and, you know, just... it was a different experience, and I do think that it was in some way, preventative to have a plan going in.

Anne Miller (she/her): Yes, that's exactly what it is. It's preventative.

Anne Miller (she/her): Yeah, and anytime you can, somebody who's going in for their second, know... knowing what happened with the first.

Anne Miller (she/her): Plan for everything that went wrong with the first.

Allison Puryear (she/her): Yeah.

Anne Miller (she/her): What's my plan.

Anne Miller (she/her): I love that. I love that you did that for yourself.

Anne Miller (she/her): Yeah.

Allison Puryear (she/her): was good. And what about, like, short-term strategies versus, like, longer-term solutions? Because I know sometimes... sometimes things require a band-aid, even though it's not going to last, but how do you... how do you help folks with that?

Anne Miller (she/her): Yeah, so... so when people come in and they haven't had that opportunity to do all that pre-planning, and you're in more of a triage state, it really is...

Anne Miller (she/her): Typically in, in... Opportunity for psychoeducation, and it really is working with women to understand, and,

Anne Miller (she/her): This... what's going on in their brains, how their body's responding,

Anne Miller (she/her): and why it's responding in the way that it is, right? So, it's that triage experience of how do we get you support right now.

Anne Miller (she/her): How do we get you through this?

Anne Miller (she/her): What's happening right now, and feeling better.

Anne Miller (she/her): Okay? In the short term. Once we stabilize, that's when we start to get into the good work of therapy and work on longer-term skills.

Anne Miller (she/her): You know, and that always feels a lot better, and again, depending on, what they present with, that's when you get to dig into the...

Anne Miller (she/her): acceptance commitment therapy, or the EMDR, or the, ERP, what... depending on what they... what they present with.

Allison Puryear (she/her): Got it.

Allison Puryear (she/her): Yeah.

Allison Puryear (she/her): And so for therapists who are like, I'm really intrigued by this, I want to be...

Allison Puryear (she/her): I want to be more knowledgeable, or I want to... maybe I want to niche to this population. What would you suggest for them?

Anne Miller (she/her): Yeah, so, the Postpartum, Support International would be the... the...

Anne Miller (she/her): primary group that trains and certifies for people who want to specialize, and they have a, two-year certification called the, Perinatal Mental Health Certification, so PMHCs, and

Anne Miller (she/her): it's a multidisciplinary certification, so mental health therapists can become PMHCs, but so can other disciplines.

Anne Miller (she/her): there are a couple different trainings. There's a two-day training, and then a one-day advanced training that you can take through Postpartum Support International, and their website is postpartum.net.

Anne Miller (she/her): And then you practice within this population for 2 years, and you take a test. And it's similar to a licensure exam, although it's not nearly as hard as the, various different licensure, clinical licensure exams that we all take.

Anne Miller (she/her): And then... forever there after we submit CEUs in this.

Allison Puryear (she/her): Sweet.

Anne Miller (she/her): particular area.

Anne Miller (she/her): And so, I would highly recommend that for anybody who's interested in niching down in this space.

Anne Miller (she/her): Yeah.

Allison Puryear (she/her): It's interesting, because often I see certifications as kind of like a cash grab. Yeah. Like, I let go of my eating disorder certification, because I was like, this is just... but with... with...

Allison Puryear (she/her): the perinatal population.

Anne Miller (she/her): Yeah.

Allison Puryear (she/her): I have seen over years and years, like, this is a group where people want to refer to the people who are certified or working towards certification. Yeah. Like, it seems like a very valuable one, and it imbues a lot of trust.

Allison Puryear (she/her): Yeah. For, working with a population that a lot of people really don't have a lot of business working with if they haven't done.

Anne Miller (she/her): Yeah.

Allison Puryear (she/her): Solid education.

Anne Miller (she/her): I would... I would say this is a... this is a group that really works hard to make sure we know what we're doing. The conference is really great every year. The, continuing education and the... the work that this

Anne Miller (she/her): This group of folks put into making sure that we're

Anne Miller (she/her): we're on the front end of research and understanding in order to do the best for this population.

Anne Miller (she/her): I would agree with that. Yeah, it's a good group to be a part of.

Anne Miller (she/her): Yeah.

Allison Puryear (she/her): Awesome.

Anne Miller (she/her): Damn.

Allison Puryear (she/her): Well, Anne, thank you so much for educating us. Is there anything that we didn't talk about that you really want people to walk away from this CE knowing?

Anne Miller (she/her): Or did we nail it?

Anne Miller (she/her): Do you feel like you got what you needed out of this?

Allison Puryear (she/her): Yeah, absolutely.

Anne Miller (she/her): Okay.

Allison Puryear (she/her): All right. We'll end the recording there, then.

Anne Miller (she/her): Thank you so much for having me.

Allison Puryear (she/her): Absolutely!

I hope that broadened your clinical horizons! Head over to [notboringces.com](https://notboringces.com) to get your CE credit. Wanna have a Not Boring conversation with me about your clinical area of expertise? You can apply there, too. If you like this conversation, leave us a five star review, tell a friend, and be sure to subscribe for future conversations.